FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K32653

(3)

KISSIMMEE SUITES MANAGEMENT, INC.

FILED
May 16 1997 8:00am
Secretary of State

:							
Principal Place	e of Business	Mailing Address	i				
% TO(LMAN-HUNDLEY HOTELS 1888 ROUTE 52 HOPWELL JUNCTION NY 12533		% TOLLMAN-HUNDLEY HOTELS 1886 ROUTE 52 HOPWELL JUNCTION NY 12533-6656					
U8 		US			3. Date Incorporated or Qualified 09/08/1988	3a. Date of Last Report 04/29/1996	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-2909709	Not Applicable
Suite, Apt.		Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State	:			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cpur	lry		8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25 29 30		30	Florida Statutes Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	INTICE-HALL CORPORATION S	YSTEM, INC.		81	Name	•	
	1 Hays Street Lahassee FL 32301		82 Street Add		Street Add	lress (P.O. Box Number is Not Acceptabl	e)
]			, [вэ			
			<u> </u>	84	City		85 Zip Code
44 Primuont	to the provisions of Sections 607.06	509 and 607 1609. Elorida Statu	too the sh	01/0	named oor	position a demits this statement for the sa	FL 65 Zip code
office or r	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, Fl	authorized orida Statu	by los	the corpora s.	poration submits this statement for the pution's board of directors. I hereby accep	the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
12.		ND DIRECTORS	13.		11 signatore requi	ADDITIONS/CHANGES TO OFFICE	
TITLE			1.1,717	ŧ.			Change Addition
NAME	TOLLMAN, STANLEY S.		1.2 NAI	AE.			
STREET ADDRESS	1886 ROUTE 52		1.3 STF	EE1.	ADDRESS		
CITY-ST-ZIP	HÖPWELL JUNCTION NY 12		1.4 CIT	Y - S1	1-ZIP		
TITLE	DP DELE		2.1 TITLE				Change Addition
NAME	HUNDLEY, MONTY D.		2.2 NAI	2.2 NAME			
STREET ADDRESS	1886 ROUTE 52		2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	HOPWELL JUNCTION NY 12		2 4 013	_	ST-ZIP		
TITLE	DVS	DELETE	3 1 1111				Change Addition
NAME	FREEDMAN, SANFORD 1886 ROUTE 52		3.2 NA		_		ļ
STREET ADDRESS	140040011 114107101111111111111111111111			3.3 STREET ADDRESS			
CITY-ST-ZIP				CHY-SI-ZIP		Change Addition	
NAME			4.2 NA				C Change C Notation
STREET ADDRESS					ADORESS		
CITY-ST-ZIP			4.4 CII				
TITLE			5.1 111		1-211		Change Addition
NAME			5.2 NAI				,
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 CIT				
TITLE		DELETE	61 [1]				Change Addition
NAME			6.2 NA	νÆ			
STREET ADDRESS			63 516	EET	ADDRESS		
CITY-ST-ZIP			6.4 рл	Y-S	iT - ZIP		
1 44 1 do boso	by partify that the information averal	being and with the filler done and such	He for the			d in Continu 110 07(2)(i) Florido Platutos	I do not be a managed of the sale of the

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 it changes or or an attachment with an address.